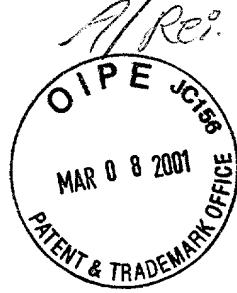




03/08/01  
U.S. PATENT & TRADEMARK OFFICE

03-09-01



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
(Case No. 108195.128)

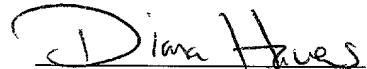
Inventor: Archibald L. J. Brain ) Examiner:  
Reissue of U.S. Patent No.: 5,878,745 )  
Originally Issued: March 9, 1999 )  
Title: GASTRO-LARYNGEAL MASK )

\*\*\*\*\*

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.10

I hereby certify that the attached papers and fees are being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" Service under 37 C.F.R. §1.10 on March 8, 2001 and is addressed to: **BOX REISSUE**, Assistant Commissioner for Patents, Washington, D.C. 20231.

EL538704745US  
"Express Mail" Label No.



\*\*\*\*\*

Box Reissue  
Assistant Commissioner For Patents  
Washington, D.C. 20231

**TRANSMITTAL LETTER**

Dear Sir:

Enclosed herewith for filing please find the following documents:

1. Reissue Patent Application Transmittal
2. Preliminary Amendment
3. Statement of Non-Assignment
4. Reissue Declaration
5. Offer to Surrender
6. Reissue Application Fee Transmittal Form
7. Copy of Specification pursuant to 37 C.F.R. §1.173(a)(1)
8. Copy of Drawings pursuant to 37 C.F.R. §1.173(a)(2)
9. Return Postcard

Transmittal Letter  
5,878,745  
March 8, 2001



No fees are believed to be due with this communication; however, please charge any additional fees or credit any overpayment associated with this matter to our Deposit Account No. 08-0219.

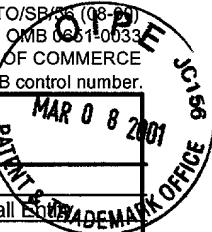
Respectfully submitted,  
HALE AND DORR LLP

Nancy Chiu, Ph.D.  
Registration No. 43,545  
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Boston, MA 02109  
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diana havens - h:\chiu\_nancy\legal\docs\brain reissue 5,878,745.doc

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)  
108195-128

## Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 13	Total Claims (37 CFR 1.16(j))	(B) 29	**** 9 =	x \$ 9.00 =	81.00	or	x \$ =
(C) 2	Independent claims (37 CFR 1.16(l))	(D) 8	* 6 =	x \$ 40.00 =	240.00		x \$ =
Basic Fee (37 CFR 1.16(h))				\$ 355.00			\$ _____
Total Filing Fee				\$ 676.00		OR	\$

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ =		x \$ =	
Independent Claims (37 CFR 1.16(l))	***	MINUS	*****	=	x \$ =		x \$ =	
Total Additional Fee				\$		OR	\$	

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status. See 37 CFR 1.27.

Please charge Deposit Account No. 08-0219 in the amount of \$676.00. A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 08-0219. A duplicate copy of this sheet is enclosed.

A check in the amount of \$ \_\_\_\_\_ to cover the filing / additional fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

March 8, 2001

Date

Signature of Applicant, Attorney or Agent of Record

Nancy Chiu, Ph.D.; PTO Reg. No. 43,545

Typed or printed name